



# Congresswoman Lucille Roybal-Allard

40<sup>th</sup> District, California

## Committee on Appropriations

Subcommittee on Homeland Security (Ranking Member)

Subcommittee on Labor, Health and Human Services, and Education

Subcommittee on Energy and Water

## Democratic Senior Whip

Twitter.com/RepRoybalAllard

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## DISTRICT OFFICE

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## WASHINGTON, DC OFFICE

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## UNITED STATES SERVICES ACADEMIES NOMINATION REQUEST FORM

Please number your academy preferences 1-5, 1 being your first choice:

Air Force: \_\_\_\_ Military: \_\_\_\_ Naval: \_\_\_\_ Coast Guard: \_\_\_\_ Merchant Marine: \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Present Age: \_\_\_\_\_

Name of Parent or Legal Guardian(s): \_\_\_\_\_

Temporary Address (If living away from home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of High School: \_\_\_\_\_

High School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

High School GPA: \_\_\_\_\_ Class Standing: \_\_\_\_\_ Number of Students in Class: \_\_\_\_\_

ACT Scores: Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science Reasoning: \_\_\_\_\_ Date Test Taken: \_\_\_\_\_

SAT Scores: Math: \_\_\_\_\_ Verbal: \_\_\_\_\_ Date Test Taken: \_\_\_\_\_

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Briefly describe your involvement in school activities in the listed categories. Include information relevant to the office held and awards and honors received. Show dates of involvement in each activity. Use separate sheet if needed.

Interscholastic sports:

School and class offices held:

Band, drama, choir, and other performing arts:

Scholastic activities, awards and honors:

Other activities you consider important, including work, volunteer activities, etc.:

Provide the names and addresses of three adults who will be completing the Recommendation Form on your behalf. (Select people who are familiar with you and your accomplishments, e.g. a teacher, principal, guidance counselor, supervisor, religious leader, etc.)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please print this form and mail it together with your:

- Personal Statement
- Three (3) Sealed Recommendation Forms
- Official School Transcripts
- Official Test Scores

by November 15 to:

**Congresswoman Lucille Roybal-Allard**  
**ATTN: Service Academies Nomination**  
**500 Citadel Dr., Ste. 320**  
**Commerce, CA 90040**